

Name  
in  
Full

Eliza Cathrine Bowen

CERTIFICATE OF DEATH

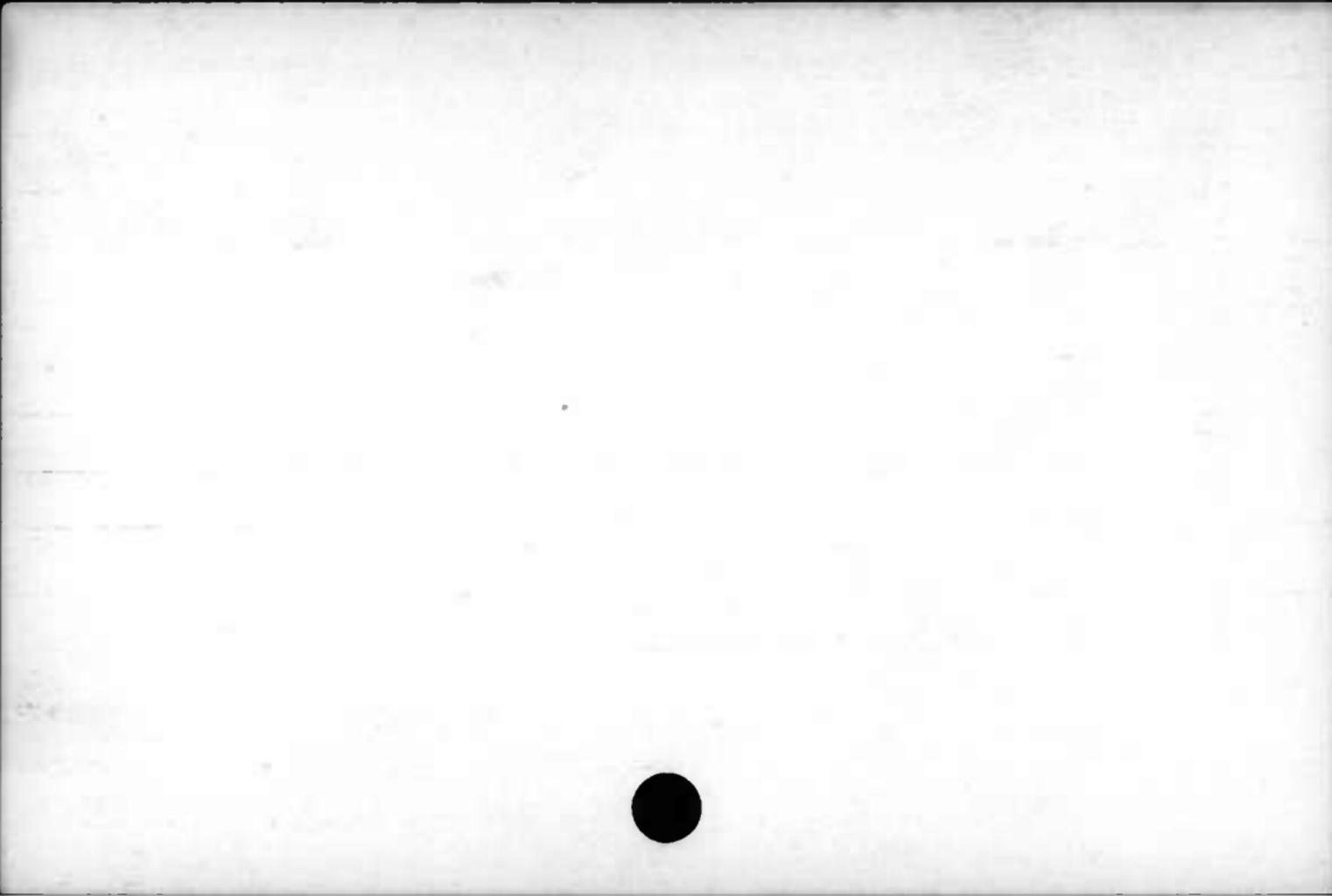
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Time	County	MARYLAND		
Date of death 190	2 Nov 25	Years	Months	Days	
Age 69. Imilda					
Sex woman	Color or Race white	Occupation House keeping	Birth-place Calvert Co.		
Married, Single or Widowed Married		Wife or Husband Mrs. H. Bowen of D			
Name of Wife or Husband					
Father's Name Robert Buckland			Father's Birthplace St. Marys Co		
Mother's Maiden Name Rebecca Brinkley			Mother's Birthplace Calvert Co		
Name of person giving information	W. H. Bowen		How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Aortic Regurgitation 79	How long 2 yrs
Immediate	Dropsy	How long 6 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address
		J. H. King MD Barstow MD
Accident or Suicide?		



Name  
in  
Full

Daniel Isaac Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Oliver	Calvert	Months	Days	
Date of death 1902	Month Nov.	Day 22	Age —	10	-
Sex	Male	Color or Race Colored	Birth-place	Calvert Co	
Married, Single or Widowed	Single		Occupation	—	
Name of Wife or Husband	—				
Father's Name	James E. Brooks		Father's Birthplace	Calvert Co	
Mother's Maiden Name	Mamie Purvey		Mother's Birthplace	Calvert Co	
Name of person giving information	James E. Brooks		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Whooping Cough

8 How long

3 or 4 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

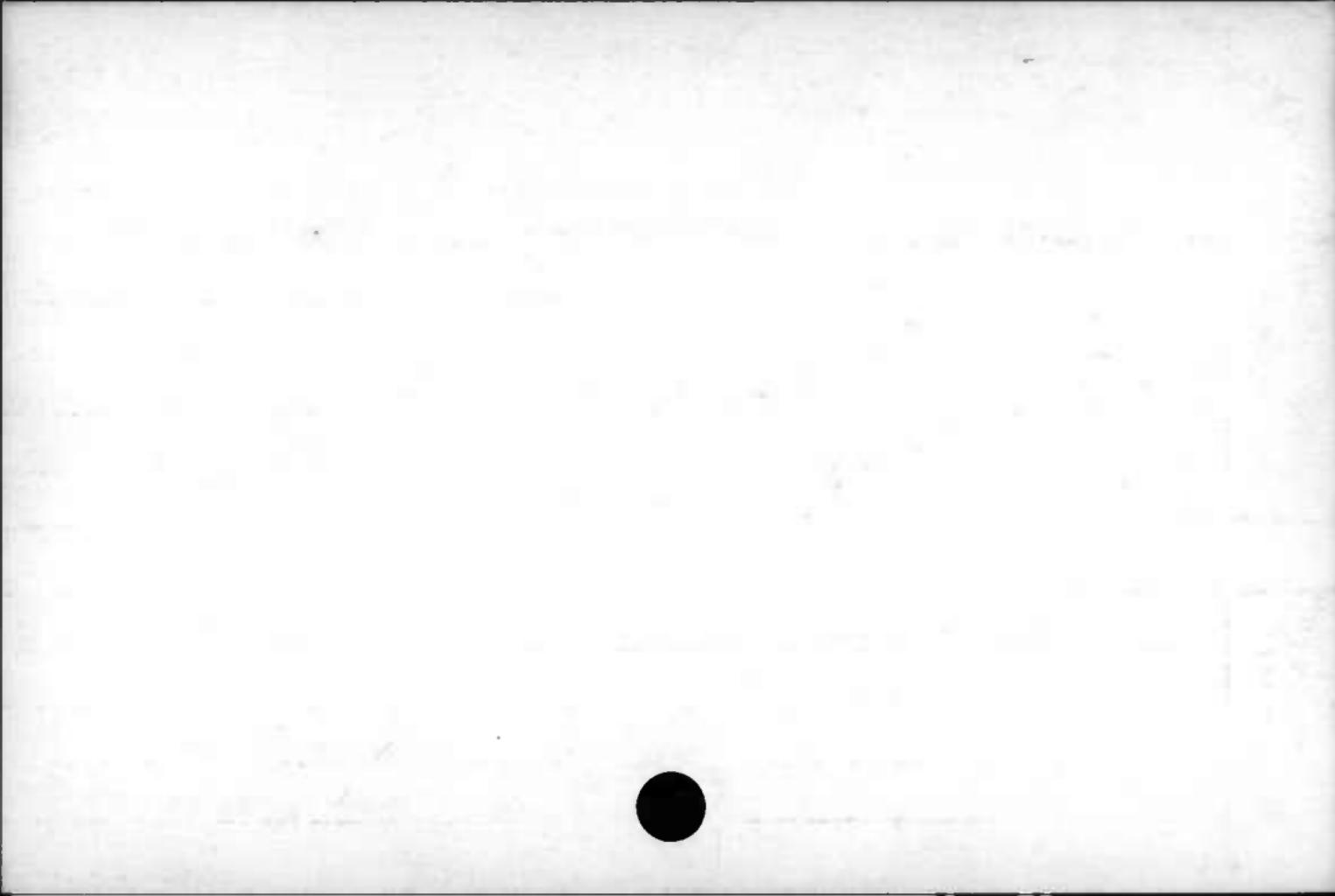
Yes

Signature of Physician

Address

Dr. J. Agabuss M.D.  
Bertha, Calvert Co.

Accident or Suicide?



Name  
in  
Full

Isaac Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Nov	Day 4	Years Age 23	Months -	Days -
Sex Male	Color or Race Colored	Birth- place Calvert Co			
Married, Single or Widowed Single	Occupation Dishwasher				
Name of Wife or Husband —					
Father's Name Joshua Brooks	Father's Birthplace Calvert Co				
Mother's Maiden Name Rebecca Brooks	Mother's Birthplace Calvert Co				
Name of person giving Information Joshua Brooks	How related to deceased Father				

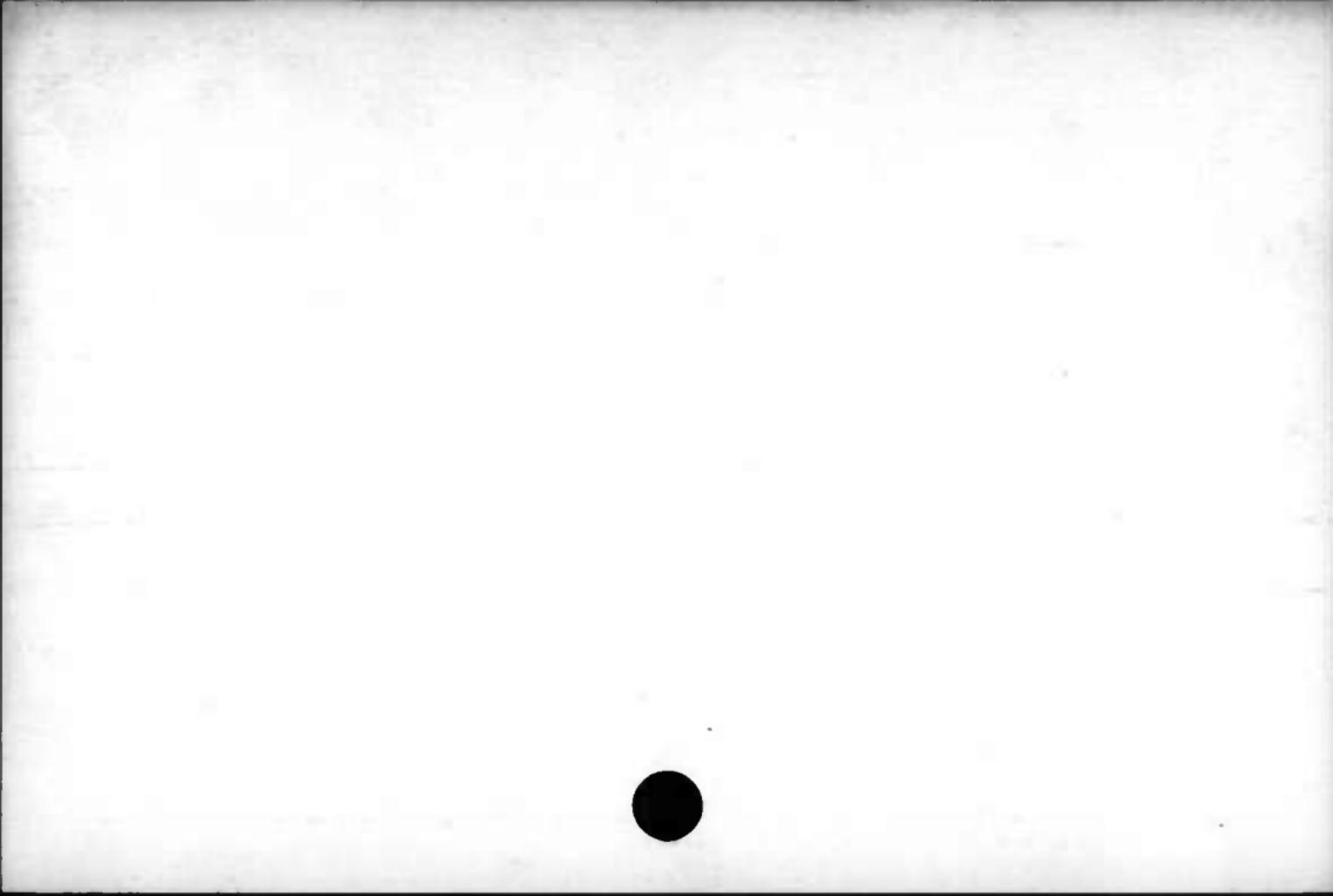
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Consumption 27	How long about one year
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. G. Gumbess, M.D.
	Address Bertha, Calvert Co
Was the death Suicide?	

8

Was the death  
Suicide?



# Thomas Brooks

Died at		Town Bowie	County Calvert	MARYLAND
Month	Day	Y. M. D.	Native of Maryland	Occupation farmer
Date 1902	Nov 3	Age 19	Widow	Divorced
Male	White	Married	Widower	Number of children living
Female	Colored	Single		

Husband of

Wife

Father's

Name Charles Brooks Mother's Susan white

Maiden Name

Cause of

Primary Consumption

How long sick

12 month

Death

Immediate

Accident, Suicide, Homicide

Reported by

W.B. Stafford undertaker

Address

Bowie Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Julianne Broome 31

Died at Town Island Park County Calvert MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Nov	21	20	10	-	Calvert	Gardener
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's

Name

Cause of

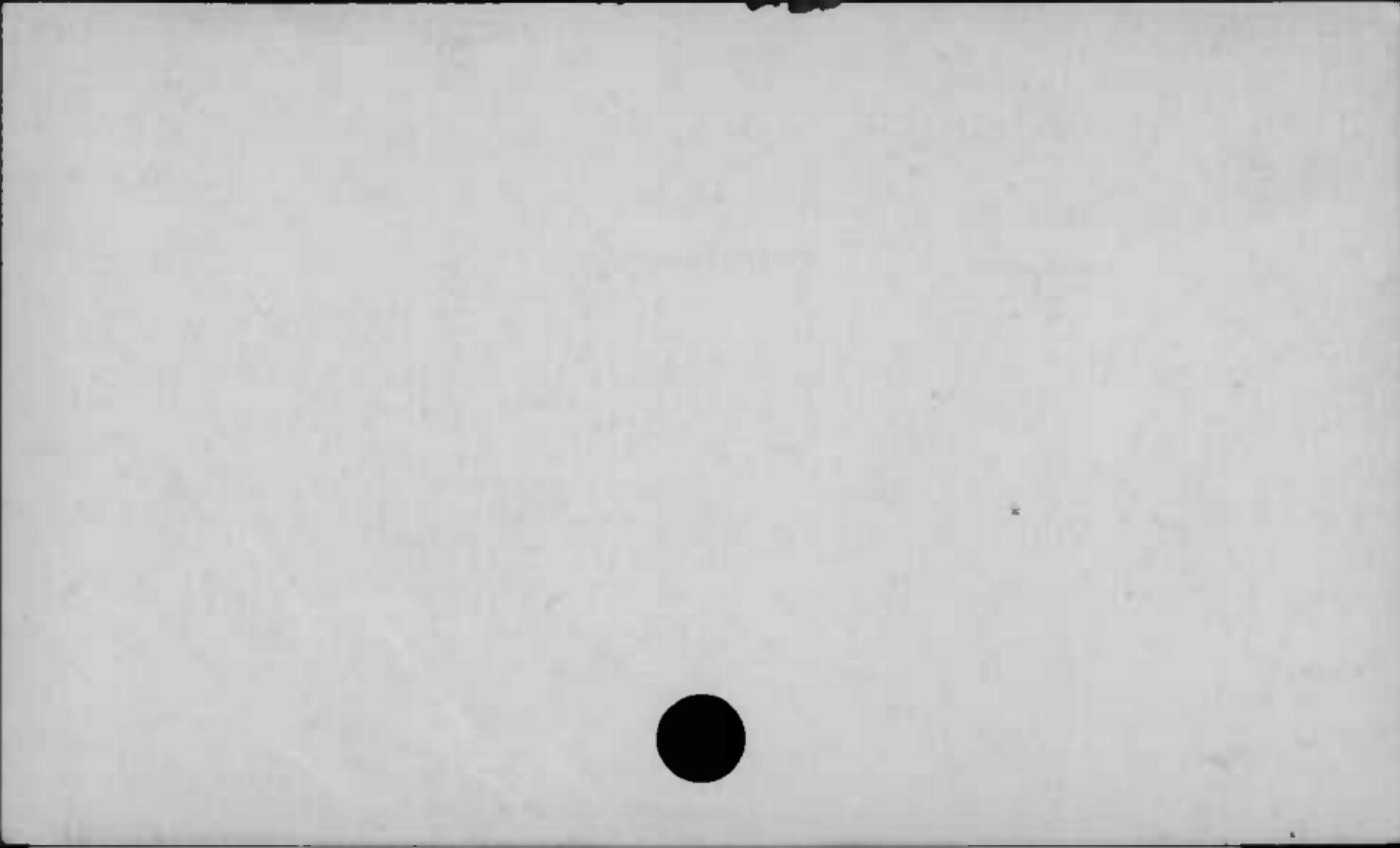
Death

Reported by

Address

Mrs. Broome Jr		Mother's Maiden Name	Nannie Peterson
Typhoid fever		How long sick	
Hemorrhage		5 weeks	
Primary		Accident, Suicide, Homicide	
Immediate			
Calvert Co.		P. Broome M.D.	
		Mutual	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sallie Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Barstow	Calvert			
Date of death 1902	Month Nov	Day 19	Years 60	Months	Days
Sex Female	Color or Race Colored	Birth-place Charles C. Md			
Married, Single or Widowed	Occupation Housewife				
Name of Wife or Husband	Wm. Butler				
Father's Name	Thomas Ford				
Mother's Maiden Name	— — 79				
Name of person giving Information	Lucy Parks				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Aortic Regurgitation	How long	25 yrs
Immediate	Dropsey	How long	6 yrs

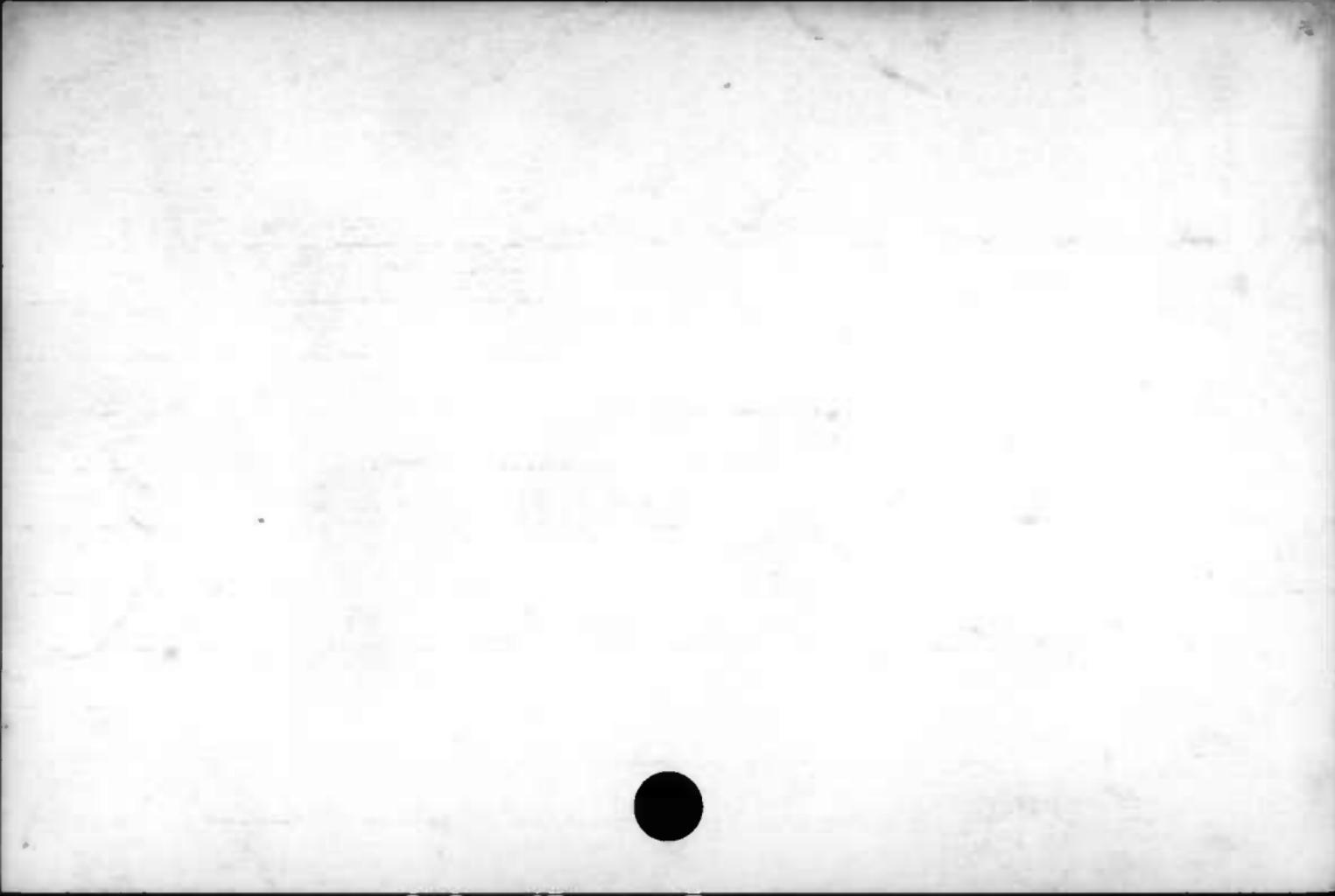
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. King  
Barstow Md

Accident or Suicide?



Name  
in  
Full

James Jessie Coberth 31 CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month Nov.	Day 3	Age 31	Years	Months - Days
Sex Male	Color or Race Colored	Occupation Sailing	Birth-place Calvert		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Edward Coberth	Father's Birthplace				
Mother's Maiden Name Eliza Gray	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	27	How long
Immediate	Maculatu	-	How long 2 years + 3
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	Johns Hopkins		



Name in Full

Certificate of Death

Perry

Fowler

36

Died at St. Paul's

Town

County

MARYLAND

Date 1902 Mar 21

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age

— 40

Married

Widow

Divorced

Female

Divorced

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Bing Fowler

Mother's Maiden Name

Alice Buckminster

Cause of

Primary

Nervosism

How long sick

Death

Immediate

Insanity

Accident, Suicide, Homicide

Reported by

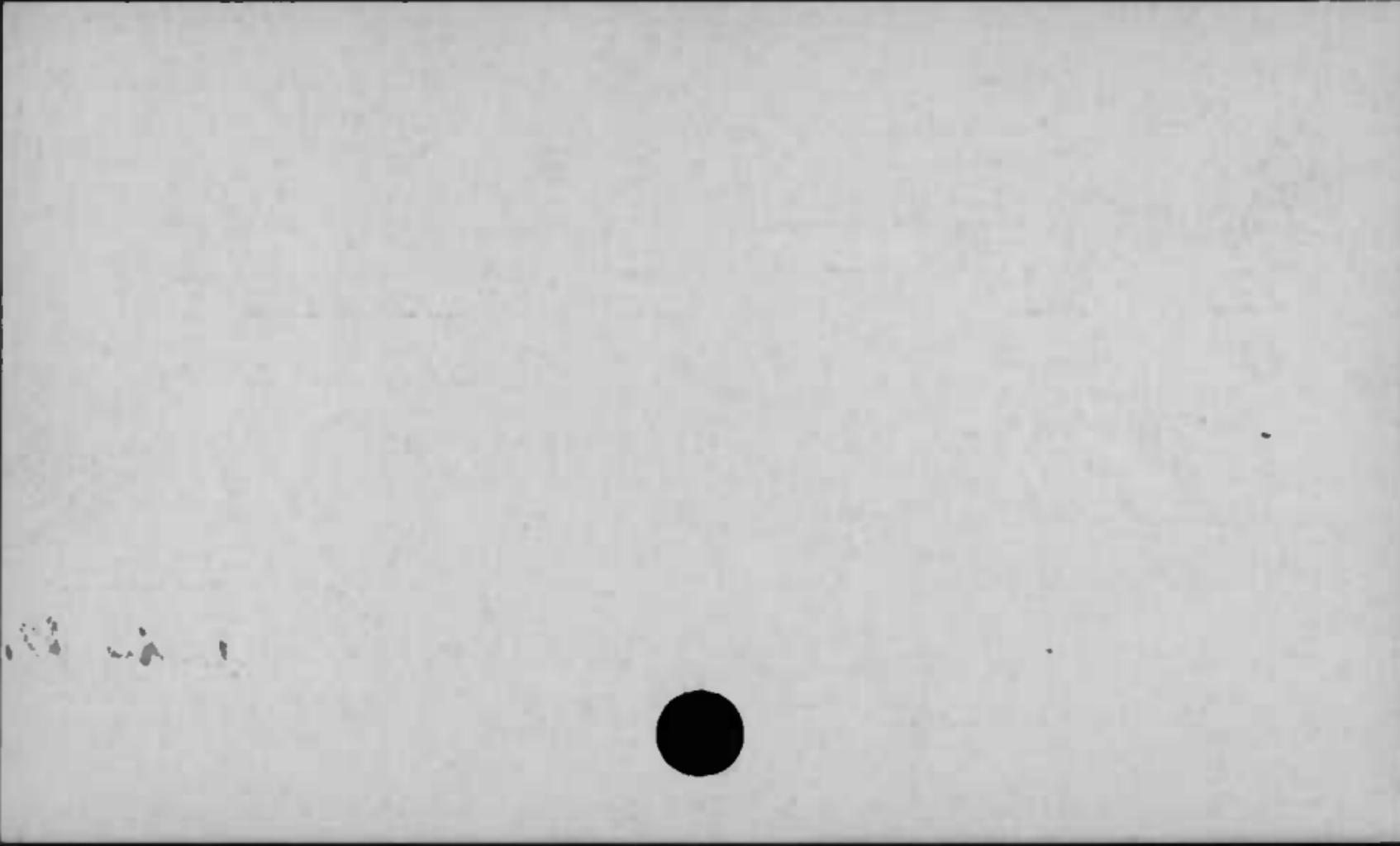
Dr. D. B.ison

Address

Caenah

Mutual

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Samuel Harris

CERTIFICATE OF DEATH

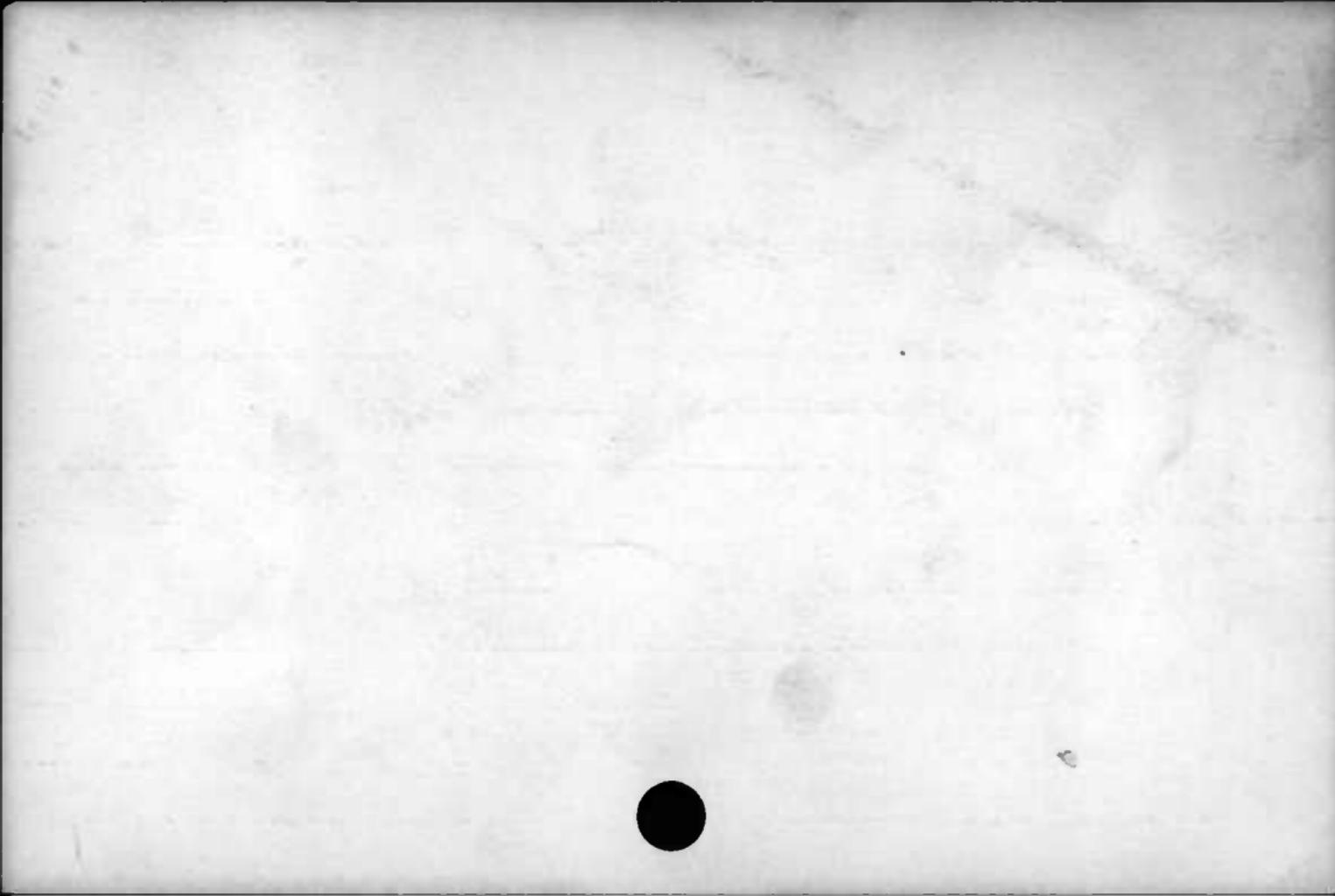
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lo. Marlboro</u>		Town <u>Belvoir</u>		County <u>MARYLAND</u>	
Date of death 1902	Month Nov.	Day 22	Years <u>Age 50</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>African</u>	Occupation <u>Farm Hand</u>			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <u>for Reunion</u>		Father's Birthplace <u>not known</u>			
Mother's Maiden Name <u>"</u>		Mother's Birthplace <u>"</u>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>64</u>	How long
Immediate <u>Apoplexy</u>		How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Edt Humeau</u>	
	Address <u>Lo. Marlboro Md.</u>	
<u>8</u>	Accident or Suicide?	



Name  
in  
Full

Young Hodester

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 1903	Month Nov	Day 8	Age 48	Years	Months	Days
Sex	Color or Race	Occupation		Birth- place	Calvert Co. Md.	
Married, Single or Widowed	Married	Farmer				
Name of Wife or Husband	Ann Hodester					
Father's Name	Dont know			Father's Birthplace	Cal. Co	
Mother's Maiden Name	Dont know			Mother's Birthplace	Cal. Co	
Name of person giving Information	G. Frank Hodester			How related to deceased	Son	
CAUSES OF DEATH						
Primary	Intestinal Tuberculosis			How long	3 mos	
Immediate	Ulcration of the bowels			How long		

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

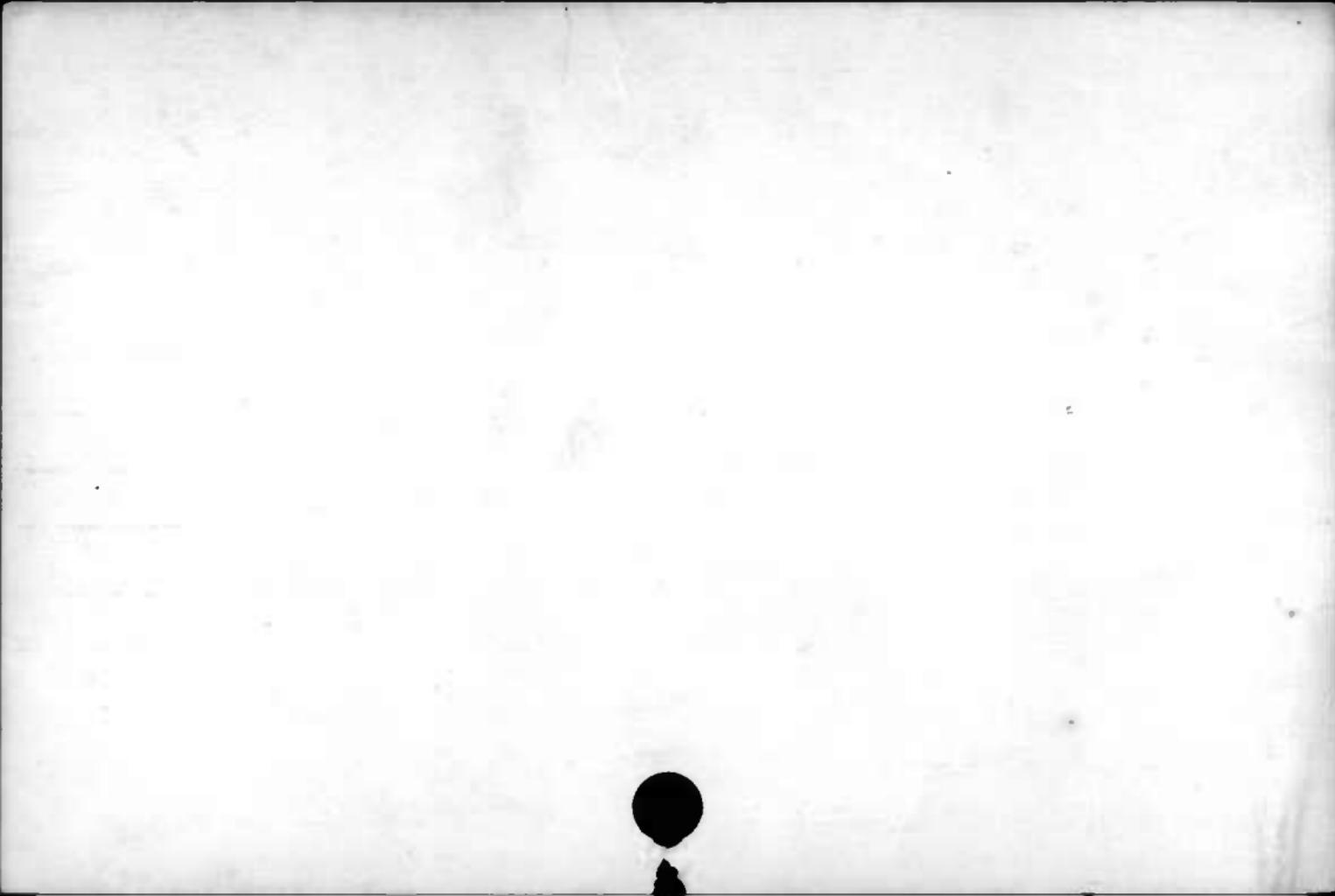
L. H. King

Address

Barstow Md.

J

Accident or Suicide?



Name  
in  
Full

Lizzie R. Jackson

34

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Island Creek Town Calvert County

MARYLAND

Date of death 1902 Month Nov Day 6 Age — Years 7 Months 7 Days —

Sex Female Color or Race Calvert Birth-place Calvert Co. Md. Island Creek  
Married, Single or Widowed Single Occupation —

Name of Wife or Husband

Father's Name Thomas Jackson

Father's Birthplace Calvert Co.

Mother's Maiden Name Leather Jackson

Mother's Birthplace Calvert Co.

Name of person giving information Thomas Jackson

How related to deceased



CAUSES OF DEATH

Whooping cough  
How long 2 days

PHYSICIAN  
OR CORONER

Primary

8

How long

immediate

How long

Are the name, age, sex, color, date and place correctly given above?

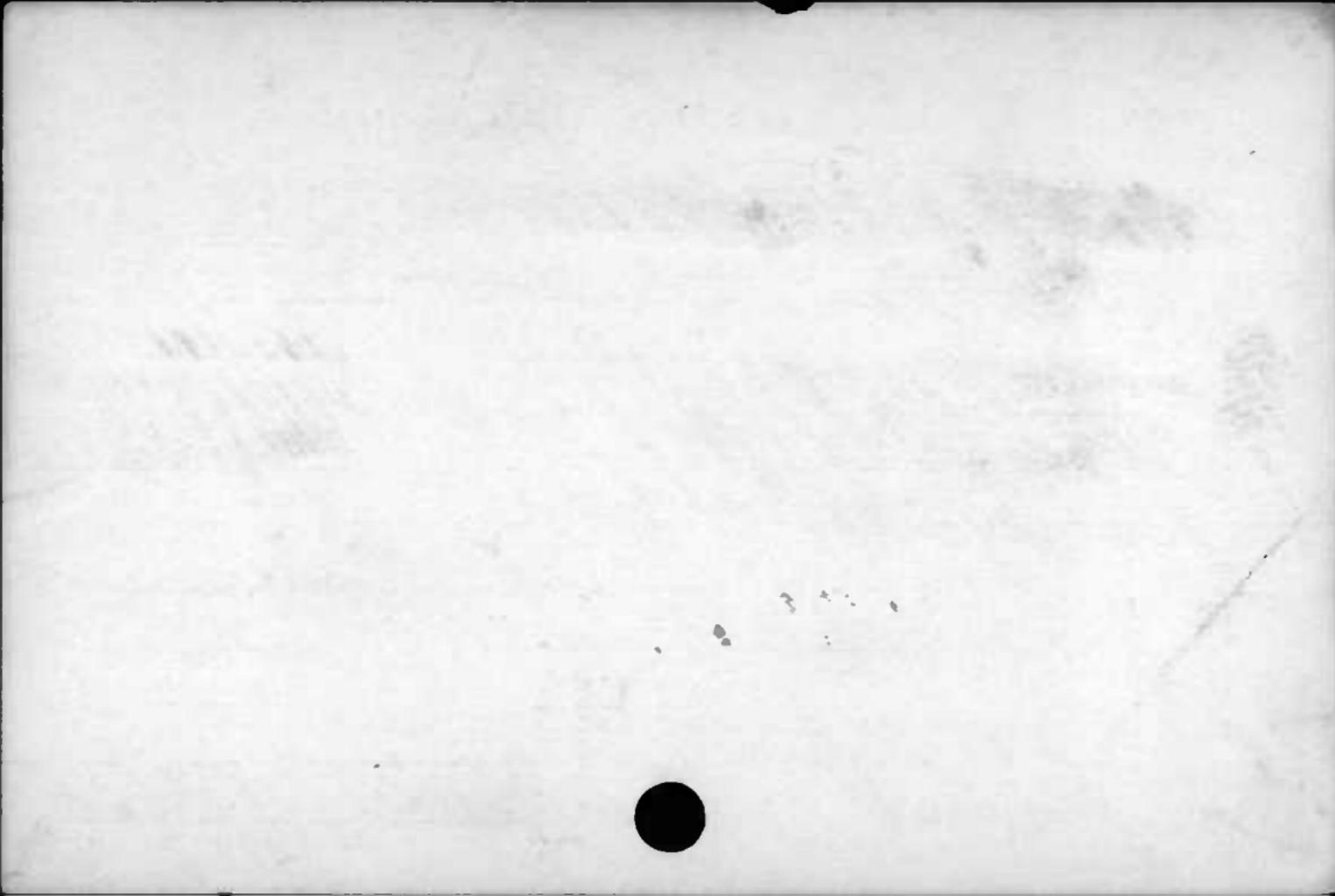
Signature of Physician

Address

John J. Brooks



Accident or Suicide?



Lothe Janey

Town

Bowers

County

Calvert

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902 nov 6

Age 60

MD

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Ben Janey

Wife

Father's

Name

Mother's

Maiden Name

Lothe Janey

How long sick

6 days

Cause of

Primary

Perralss

Death

immediate

Accident, Suicide, Homicide

Reported by

WB Stafford undertaker

Address

Bowers



M00



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

Mildred S. Johnson

32

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND			
Date of death	1908	Month Mar	Day 3	Age 58	Years	Months	Days
Sex	Female	Color or Race	colored	Birth-place	Albert		
Married, Single or Widowed		Occupation			Housekeeping		
Name of Wife or Husband	Johns Johnson			Father's Name	Harriet Johnson	Father's Birthplace	Albert
Mother's Maiden Name	Ley Johnson			Mother's Name	Albert	Mother's Birthplace	Albert
Name of person giving information	John Johnson			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	27	How long
Immediate			How long

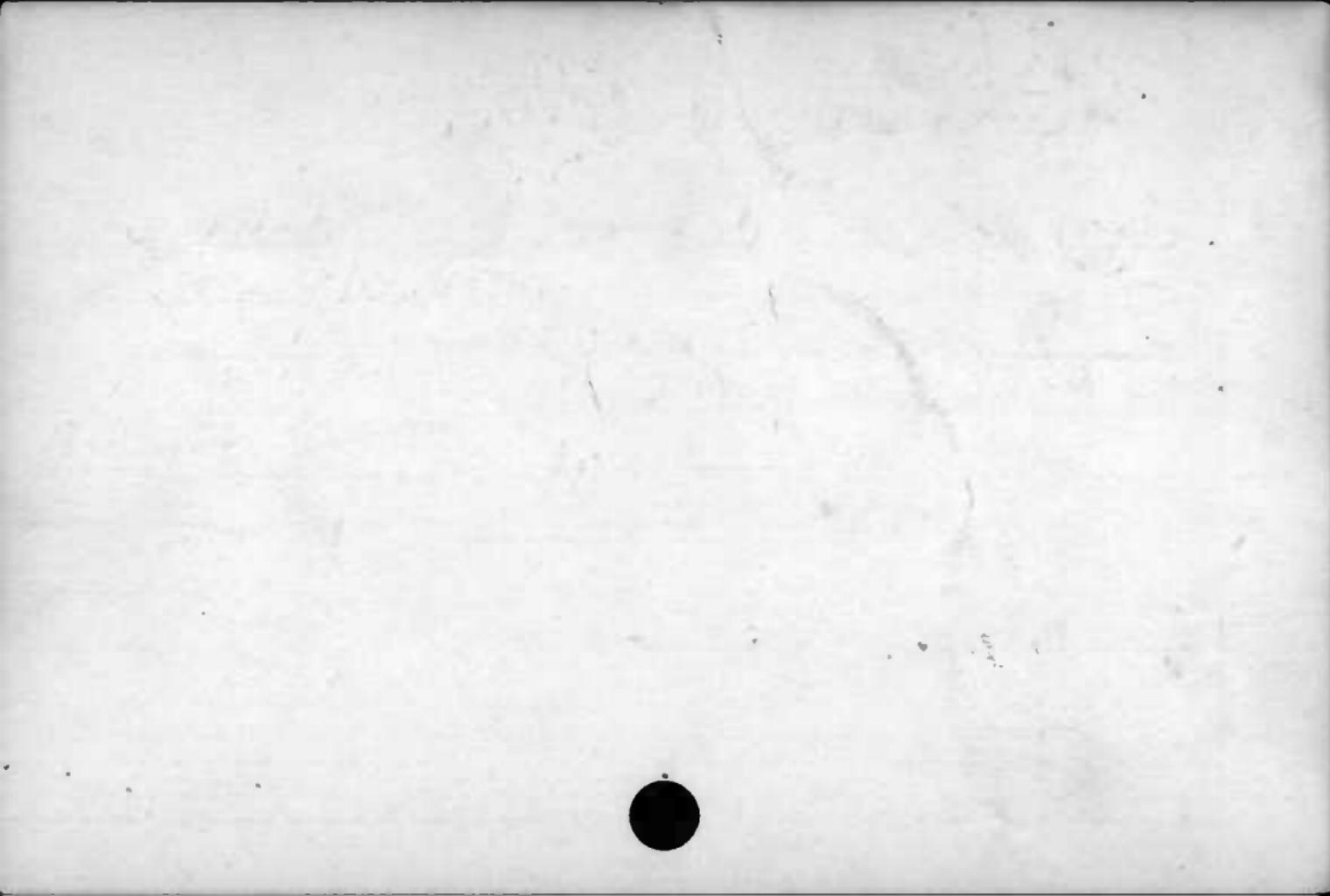
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Johns B. B.

Accident or Suicide?



Name  
in  
Full

Eliza Wilson Kunnar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1902	Month Nov.	Day 7	Age 60		Months	Days	
Sex Female	Color or Race	Black		Birth- place	Cal Co.		
Married, Single or Widowed	Occupation						
Name of Wife or Husband	Wilson						
Father's Name	William Kunnar		Father's Birthplace				
Mother's Maiden Name	" "		Mother's Birthplace				
Name of person giving Information	Benj Jones		How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Intra Cranial hemorrhage

How long

3 days

Immediate

64

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. W. Leitch  
Huntingdon  
Md.

Accident or Suicide?



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Mary Moritte 38  
St. Leonard Church

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Mar 27

Age 65

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

Patrick Moritte

Wife

Althea Johnson

Father's

Abraham Johnson

Mother's

Name

Maud Name

Cause of

Primary

Anesthetics

How long sick

9 mths

Death

Immediate

Hernia

Accident, Suicide, Homicide

Reported by

John Morris

Inutes

Address

J

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Melvina Murray

33

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Island Creek		County		MARYLAND	
Date of death 1902	Month Nov	Day 11	Age	Years	Months
Sex Girl	Color or Race colored		Occupation		Days
Married, Single or Widowed Single					Birth-place Island Creek
Name of Wife or Husband					
Father's Name Thomas Murray Jr					Father's Birthplace Island Creek
Mother's Maiden Name Sarah J Chase					Mother's Birthplace Island Creek
Name of person giving information Willow Chase					How related to deceased

CAUSES OF DEATH

Primary

Whooping Cough

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John P. Baugh

PHYSICIAN  
OR CORONER

g

Accident or Suicide?



Name  
in  
Full

Louisa Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	190	Month 2 Nov.	Day 25	Age	Years	Months
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co Md	
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	Daniel Taylor			Father's Birthplace	Calvert Co.	
Mother's Maiden Name	Lillie Evans			Mother's Birthplace	Calvert Co	
Name of person giving information	Mrs R. A. Bafford			How related to deceased	Employer	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

II

How long

Immediate

Spasms

How long

Are the name, age, sex, color, date and place correctly given above?

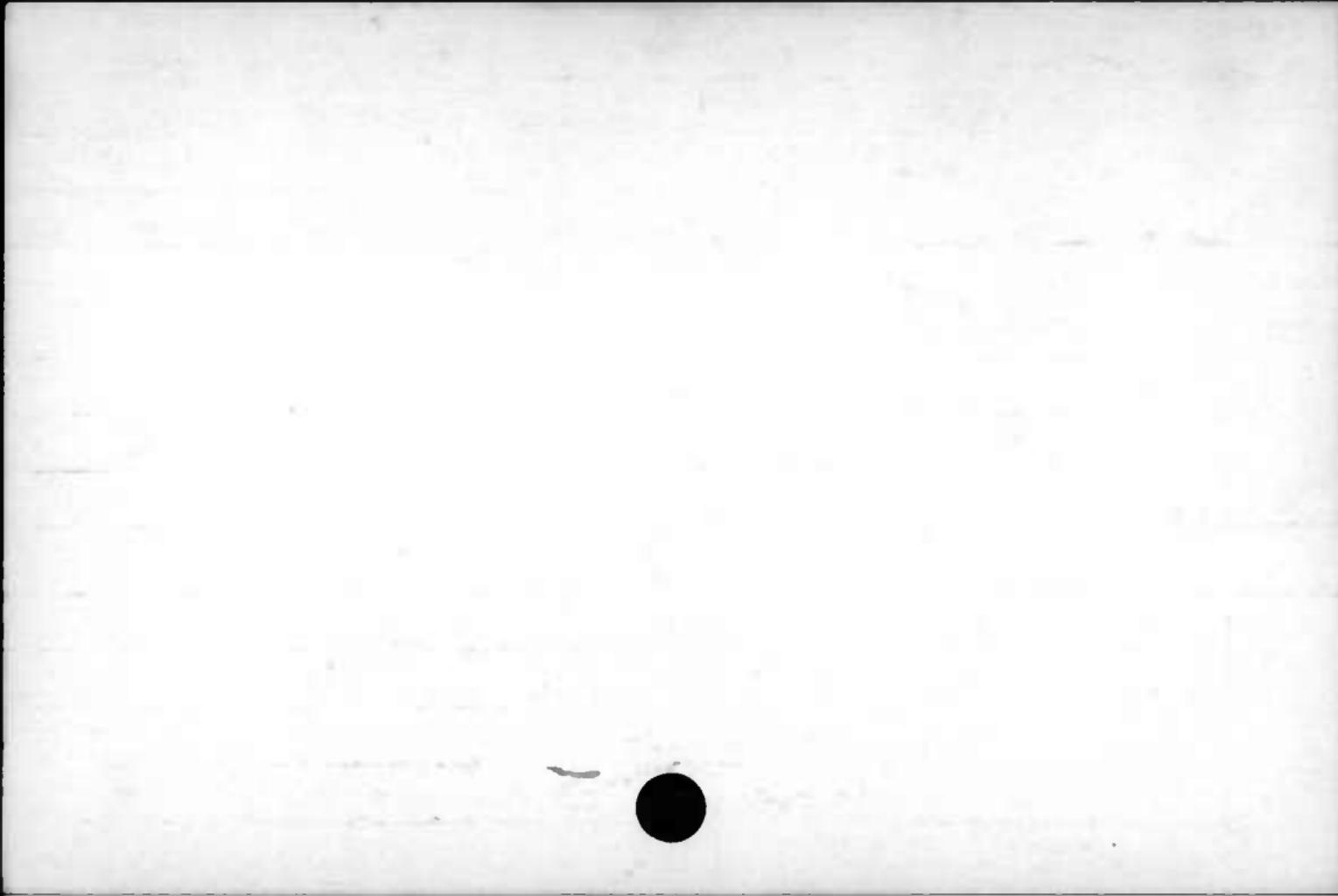
2 yrs

Signature of Physician

Address

G. T. Chambers MD  
Burtha, Calvert Co

Accident or Suicide?



Name  
in  
Full

Henry Vaughan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Year	Months	Days
Sex	Color or Race	Age			
Married, Single or Widowed	Occupation	Birth- place			
Name of Wife or Husband	Retired Pilot.				
Father's Name	St. Mary Co. Md.				
Mother's Maiden Name	St. Mary Co. Md.				
Name of person giving Information	How related to deceased				

Widow

Elizabeth B. Vaughan

Bry. Vaughan

Lissanna Norwell

Pauline Vaughan

Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile debility

10

How long  
6 yrs.

Immediate

Enteritis

How long  
1 Month

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. H. Marsh,  
Solomons  
Md.

8

Accident or Suicide?

